DOCUMENT RESUME

ED 350 110 PS 020 874

AUTHOR	Mitchell, Anne; And Others
TITLE	Moving Toward a Unified System of Child Development and Family Support Services in Vermont: Increasing Coordination among Early Education, Early Childhood Special Education (Birth through Five), Child Care, Head Start and Parent Child Centers.
INSTITUTION	Vermont State Dept. of Education, Montpelier.; Vermont State Dept. of Social and Rehabilitative Services, Waterbury. Child Care Services Div.
PUB DATE	Aug 92
NOTE	34p.
AVAILABLE FROM	Child Care Services Division, Department of SRS, 103 South Main Street, Waterbury, VT 05671-2401.
PUB TYPE	Reports - General (140) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Agency Cooperation; Child Development; Community Involvement; *Coordination; Day Care; *Delivery Systems; Educational Policy; *Family Programs; Participative Decision Making; Preschool Education; Public Policy; Special Education; *State Programs
IDENTIFIERS	Family Support; *Integrated Services; Parent Child Centers; Project Head Start; *Vermont

ABSTRACT

Vermont experienced a rapid expansion of federal childhood funding and programs (accompanied by their voluminous and sometimes contradictory regulations), and identified the need to unify the system after recognizing that the complexity of the early childhood education service delivery system was bewildering for parent-consumers. This report describes the process and initial actions of the "ad hoc Early Education, Child Care Work Group" that designed a plan to unify child care and early education services in Vermont by improving collaboration and removing barriers. The report contains Vermont's Early Education/Child Care Action Plan and describes the state's goals which include developing: (1) community early childhood settings throughout the state that will demonstrate enhanced capacity to integrate specialized services (for example, mental health, special education, health, and parent education) and their programs; (2) compatible child development standards in the areas of personnel, program, service delivery, and facility; (3) accreditation, by national accrediting bodies, of all early education and child care programs. Other recommendations pertain to the coordination and integration of training and resources. The report also contains descriptions of child care coordinating programs in Iowa, Virginia, New York, and Florida. Appendices include the interview questions for participants in the session; fact sheets to be filled in for programs; a reading list for work session participants; definitions of commonly used terms; and an outline of the planning process used to create action plans. (SM)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED350110

MOVING TOWARD A UNIFIED SYSTEM OF CHILD DEVELOPMENT AND FAMILY SUPPORT SERVICES IN VERMONT:

Increasing Coordination among Early Education, Early Childhood Special Education (birth through five), Child Care, Head Start and Parent Child Centers

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Helen Keith
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 020874

Anne Mitchell
and
The Early Education/Child Care
Work Group

Child Care Services Division
Dept. of Social & Rehabilitation Services
Vermont Agency of Human Services
Waterbury, Vermont
and
Vermont Department of Education
Montpelier, Vermont

August 1992

BEST COPY AVAILABLE

Vision Statement

Every family in Vermont has the right to comprehensive, high quality child development services appropriate for their children. Every Vermont community shall nurture the healthy development of young children and strengthen families. To support communities, the State of Vermont will create a compatible system for child development services which shares common standards for quality and respects the diversity and uniqueness of individuals and of programs.

Additional copies of this report are available from:

Child Care Services Division
Department of SRS
103 South Main Street
Waterbury, Vermont 05671-2401

TABLE OF CONTENTS

Summary 1

BACKGROUND AND RATIONALE FOR WORKING TOGETHER 1

- The National Context 2
- The Vermont Context 3

PURPOSE, PARTICIPANTS AND PROCESS 5

CONTINUING ACTION AND NEXT STEPS 7

- Options for Structures: Examples from other states 8
- Options for Vermont 10

REFERENCES AND BIBLIOGRAPHY 12

THE ACTION PLAN 14

APPENDIXES

1. Participants in the June Work Session 23
2. Interview Questions for Work Session Participants 24
3. Early Education/Child Care Work Session Fact Sheet 26
4. Reading List for Work Session 28
5. Definitions generated on first day of Work Session 29
6. The Planning Process Used to Create Action Plans 30

MOVING TOWARD A UNIFIED SYSTEM OF CHILD DEVELOPMENT AND FAMILY SUPPORT SERVICES IN VERMONT:

Increasing Coordination among Early Education, Early Childhood Special Education (birth through five), Child Care, Head Start and Parent Child Centers

Summary

During the spring and early summer of 1992 with support from the federal Child Care and Development Block Grant, staff from Vermont's Agency of Human Services and Department of Education, community early childhood leaders, advocates, service providers and parents worked together to design a more unified system of child care and early education services. Through a democratic planning process, the group developed a shared vision and an initial action plan. The Action Plan addresses three major issues: common definitions and standards, training and resources. The plan specifies desired outcomes for each issue with tasks and responsibilities assigned to meet the outcomes on a timeline beginning immediately and extending through 2000. Alternative options for continuing to work together and implementing the action plan are proposed.

This report describes the process and initial outcomes of an "ad hoc Early Education/Child Care Work Group" composed of staff from both Vermont's Agency of Human Services and Department of Education, community-based service providers, advocates and parents. The long term goal of the group is to develop a unified system of early education and child care services within a broader system of child development and family support services. The short term goal is to increase coordination among the existing early education and child care delivery systems, that is, among early education, early childhood special education (birth through five), child care, Head Start and the Parent Child Centers.[1]

BACKGROUND AND RATIONALE FOR WORKING TOGETHER

The impetus to create a unified system of early education and child care in Vermont comes from the national climate of intense interest in young children, especially with

---

[1] In Vermont, the term "early education/child care services" includes child care (center-based and family child care); the Early Education Initiative (Vermont's version of a state-funded prekindergarten program); early childhood special education for children below age 5 called Early Essential Education and the Families, Infants, and Toddlers Project which is Vermont's Part H (birth to three) program; Head Start programs; and the Parent Child Centers which are family resource and support centers.

regard to their school success, Vermont's related commitment to preventing school failure and supporting families and from other circumstances that are unique to Vermont.

The National Context

There are at least two primary catalysts for designing a unified early childhood services system. One is the national explosion of early childhood services in terms of both new federal funding streams and program expansion and dramatically increased societal interest in the early years of childhood. Twenty-five years ago, there was interest in early childhood programs primarily as an antidote to poverty, such as the Head Start program. Child care funding was modest and effectively confined to helping families work their way off the welfare rolls. Federal compensatory education (first Title I and then Chapter I) dealt primarily with older school-aged children. Only a handful of states provided special education services to any children below school age. The federal Education of the Handicapped Act passed in 1975.

The situation is dramatically different now. Head Start is expanding rapidly toward a goal of serving all eligible children within the next five years. Federal child care funding has increased through welfare reform (The Family Support Act of 1988), additions to Title IV-A and the new Child Care and Development Block Grant. All states provide special education to three to five year olds and are either planning or delivering early intervention programs for very young children (birth to three) and their families are moving from the planning to the implementation phase. The federal compensatory education program now includes a family literacy program for younger than school-age children (Even Start) and may be on the verge of shifting more resources to early childhood. The first of the six national education goals makes the connection between children's ability to succeed in school and their access to health care, parent education and quality early educational experiences. As the number of early childhood programs and funding sources expands so does the complexity of the early childhood system in a given state. State administrators struggle to reconcile conflicting or incompatible regulations, service providers are buried under multiple reporting requirements and families are faced with confusing or incomprehensible choices. Making sense of all this requires working together to streamline and simplify.

Another catalyst for action is the compelling research on effectiveness of programs for young children.[2] The most effective programs serve the child in the context of family and community and address the comprehensive needs of the whole family. Effective programs focus on early intervention and prevention of problems rather than on remediation and crisis intervention. Cooperation across traditional professional boundaries is characteristic of effective programs. Professions that have become increasingly specialized disciplines are difficult to merge into family-centered service provision. Service delivery systems that are separate and disconnected decrease the effectiveness of each service and increase the difficulty of a family getting the array of services it needs. Organizing systems to deliver comprehensive family-centered services

---

[2] For discussion of the research, see especially *Within Our Reach* by Lisbeth Schorr (1988) and *Beyond Rhetoric* (1991), the final report of the National Commission on Children.

effectively in a context of multiple funding sources, increased specialization and program proliferation requires working together.

The Vermont Context

Vermont has experienced the same rapid expansion of federal early childhood funding and programs (accompanied by their voluminous and sometimes contradictory regulations) as all other states have and, like many other states, is operating in a climate of state budgetary concerns and fiscal restraint.

Vermont has a longstanding commitment to early childhood special education for 3-5 year olds (Essential Early Education) and has carefully built over the last decade one of the nation's most extensive and well-integrated child care infrastructures.[3] In 1987, Vermont appropriated funds for Parent Child Centers to provide family resource and support in each county and became the first state with a state-wide network of such programs. Simultaneously recognizing the strengths and gaps in its early childhood system, Vermont created in 1987 a unique early education program for "at-risk" young children (the Early Education Initiative) that uses all existing forms of community-based programs to deliver services. Even given Vermont's commitment to community-based service delivery and integration, a proliferation of overlapping programs, specialized services, multiple funding sources and complicated regulations remains.

The desire to unify the system is driven principally by the recognition that the increasing complexity of the early childhood service delivery system makes it especially bewildering from the perspective of parent-consumers. Bringing needed comprehensive services to children and families works better than running the families around to collect those services. This is especially true for families with children with disabilities. The federally mandated Part H planning process was a catalyst for designing a system to bring specialized services to children and families. Over the last decade, working diligently and often beyond normal work hours and in addition to their regular responsibilities, a core group of state agency staff[4] along with some community-based early childhood service providers, child advocates, and some families have been attempting to create a unified, comprehensive, flexible, appropriate, community-based system of child development and family support services to help assure that all children and families receive the services they want and need.

Evidence of their efforts is contained in reports and position papers issued over the past few years and in a variety of recent legislative actions. *Child Care in Transition* (1990)

---

[3] In a recent report, the Children's Defense Fund ranked Vermont third in the nation on per capita spending for child care and early education. [Gina Adams & Jodi R. Sandfort (March, 1992). *State Investments in Child Care and Early Childhood Education.* Washington, DC: Children's Defense Fund.]

[4] Key staff involved in these efforts work in both the Divisions of Child Care Services and Licensing in the Department of SRS in the Agency of Human Services and in the Early Education Sections of the Divisions of Basic Education and Special and Compensatory Education in the State Department of Education.

and *Toward an Ideal Child Care System* (1985) offer clear and detailed pictures of an effective child care system including a recommendation for coordination of early childhood services among state agencies. Position papers have been circulated on unifying early childhood services and on providing specialized services in "typical settings" such as child care programs. The *Children's Campaign Agenda* of the Vermont Children's Forum has annually urged commitment to prevention and creation of an interdisciplinary child and family service system. The *Model System of Early Intervention* (1990) prepared by Vermont's IDEA Part H Interagency Coordinating Council envisioned a family-centered, comprehensive, integrated community-based system of services for young children with disabilities.

Revisions to Vermont's child care regulatory standards have continued to move them toward higher quality and greater consistency. In addition, Head Start has a long standing commitment to prevention, early intervention and general child development and family support to eligible families. While Head Start has no formal connection at the state level to facilitate coordination with related child development and family support services, some Head Start programs are engaged in providing child care services, operating county Parent Child Centers and participating in the Early Education Initiative.

The concepts of integrating children of all abilities, delivering services in community-based settings, providing comprehensive services that are family-centered and focus on prevention have been articulated in legislative language in the Early Education sections of Act 230 (both Essential Early Education and the Early Education Initiative); the authorizing language of the Child Care Services Division; the Child Care Licensing and Registration laws; and the Parent Child Center enabling legislation. These concepts are put into practice by many individual sites across the service delivery systems, perhaps especially well in Vermont's Parent Child Centers and certain child care centers across the state.

In a sense, a major achievement resulting from these efforts to instill the concepts of prevention and unification in the early childhood system was the passage of Act 266 (Children At Risk of School Failure) in 1990. The act firmly established state policy.

> (i)t is the policy of the state of Vermont to assure the preparation of all children for school, from the time of birth onward, through a joint focus on the child and the family. (We) affirm our commitment to providing a joint state and local, education and human services system to identify all preschool children at risk of school failure in Vermont and to reduce this number through health, education, and family support programs.

It further directed the education department and human services agency "to develop a community-based system of child development and family support services that are voluntary, designed by each family and based on a family's identified needs". The report required by the law forcefully and eloquently describes the components of such a system building on current strengths and resources. Stemming from their commitment to Act 266, the Secretary of Human Services and the Commissioner of Education have jointly evolved the current *Success by Six* initiative. *Success by Six* is designed to bring together local education and human service agencies with families and other community

representatives to plan and implement a coordinated system of services that promote healthy development of children and their families. Eight community pilot projects are currently underway across the state. *Success by Six* is one element of the AHS-Education Collaborative which also includes linkages between individual school principals and AHS District Office Directors.

To support the *Success by Six* initiative and to continue developing the system of child development and family support services, the "ad hoc Early Education/Child Care Work Group" scheduled a three day work session in early June of 1992. The work session and the planning that led up to it were funded by the federal Child Care and Development Block Grant.

PURPOSE, PARTICIPANTS AND PROCESS

The purpose of the work session was to establish a plan of action to improve collaboration among the various service delivery systems -- i.e., focussing primarily on child care, early education, early childhood special education [both EEE and the Families, Infants and Toddlers Project], Head Start, and Parent Child Centers, but also including the perspectives of Reach Up [Vermont's JOBS program], health, mental health and agency planners -- so as to remove barriers that prevent a more unified system and to move toward a more unified early education-child care system.

Initially, the idea of the work session evolved from specific discussions in January between the Child Care Services Division and the Department of Education propelled by the question raised by the Secretary of Human Services of why child care centers are treated differently from schools for zoning purposes. Realizing that this issue and possibly a number of others could be addressed through an interagency work session, planning began. Given the purpose of the work session, a diverse array of participants with visionary ability and broad understanding was necessary. Participants included appropriate state agency staff from both the Agency of Human Services and the Department of Education, the Head Start Association, the community of early education and child care service providers, advocates and parents. (Participants in the work session are listed in Appendix 1.) To help with planning and conducting the work session and to document it, the Child Care Services Division hired a national resource consultant.

The agenda for the work session was created through a process of personal interviews, group meetings and feedback on written drafts. During March, personal interviews were conducted by the consultant with each participant. The purpose of the interviews was to determine each participant's perspective on the problems to be solved, the unique strengths and needs of their program or constituency, and their vision of the ideal child and family service system for Vermont. Interviewees were asked to react to a proposed list of agenda items and to respond to open-ended questions. (A copy of the interview questions is included as Appendix 2.) The information gleaned from these interviews was synthesized and reported back to the full group at a meeting in April. This process shaped the scope and content of the work session's agenda and established a clear definition of its purpose.

The group agreed to devote time during the work session to developing a shared vision.

The majority of time was allotted to jointly creating action plans on specific issues. Participants agreed to complete a fact sheet about their program containing items the group agreed were necessary and sufficient to inform each other about their programs. A set of background reading materials was agreed upon and distributed to all participants as well. (See Appendix 3 for the fact sheet and Appendix 4 for the reading list.)

Two facilitators from the AHS Vermont Primary Prevention Training Network were hired to guide the three days of the work session. Working with the consultant and the group, they finalized a workable agenda for the three day session that was designed to be modified as the session progressed. Certain activities on the agenda were addressed and revisited throughout the session until closure was achieved. For example, the process of developing a shared vision began on the first day with a draft statement which was revised periodically and finished on the third day. The shared vision is:

> Every family in Vermont has the right to comprehensive, high quality child development services appropriate for their children. Every Vermont community shall nurture the healthy development of young children and strengthen families. To support communities, the State of Vermont will create a compatible system for child development services which shares common standards for quality and respects the diversity and uniqueness of individuals and of programs.

Essential to the process of working together toward the vision and the action plans were activities that articulated our attitudes and beliefs and values. For example, collective understanding of the goal of a unified system of early education and child care services is rooted in the context of our definitions of the parts of that system. Early in the first day we opened a discussion of the differences and similarities among child care, early education and Head Start. (The lists of attributes and attitudes we generated are in Appendix 5.) Gradually over the course of the session through clarification exercises, articulation and restatement and further discussion, the group reached unanimous agreement with the statement, "Conceptually, child care and early education are essentially more similar than different."

The process the facilitators designed for generating action plans focused the group's efforts. (The [illegible] the planning process [illegible]ed in Appendix 6.) The process [illegible] statement of e[illegible] [illegible]ing a set

2. Develop common definitions and standards for all early education programs (child care, Head Start, early education, early intervention and Parent Child Centers). The core common purpose of these programs is child development. Consider
   - o program requirements
   - o legal definitions
   - o personnel certification requirements

3. Integrate and coordinate resources so that total resources are equivalent or greater (not less) than before; flexibility and effectiveness is increased for community-based organizations (CBOs); and all families have easy access.

4. Plan priorities for new or expanded services (e.g., geographical areas, increased comprehensiveness of services).

5. Devise practical ways to build and institutionalize early childhood teams within each state agency and across agencies; including how to involve parents, the early childhood community and the public in the team(s).

6. Examine which federal and state laws and regulations would have to change to get us closer to our vision.

7. Improve public relations and public awareness of early childhood services; celebrate successes and build public support.

From among these issues, participants self-selected the issue group they would work in for the remainder of the session. Subsequent discussion clarified that issue number 6 could not be addressed in a separate action plan but should be addressed as appropriate in each action plan. Likewise, issue number 7 could be addressed to some degree in other issue action plans. Issues number 4 and 5 were tabled for future action. The three top priority issues were training, common definitions and standards and integrating resources.

The process for developing the Action Plan required each small group to work independently for a block of time and then to report its progress back to full group. The first small group task was to narrow the focus of the issue, describe its current status, and define the desired outcome of the action plan, stating everything in clear, simple, precise language. The second task was to identify the resources and barriers to action on the issue. The third task was to specify indicators of success and then to attach timelines for reaching the indicators. The final small group task was to prioritize the actions in each plan and attach specific responsibility for each action. (The complete Action Plan appears at the end of this report beginning on page 14.)

CONTINUING ACTION AND NEXT STEPS

Creating the action plan was an enormous leap forward toward the ultimate goal of a

unified system of child development and family support services. Moving ahead will require continued commitment of the group, involvement of other key players, linkages with related efforts and an organizational framework that will endure beyond changes in agency staff or state administrations.

Implementing the action plan detailed above will require that all members of the "ad hoc" early education/child care work group continue to work together and expand their ranks to include more representatives of the consumers and providers of early education and child care. It is especially important that parents be involved in these efforts since families are the primary consumers of these services who will benefit most from the unification of the early education and child care system.

This Action Plan is related to a number of other efforts, notably the *Success by Six* initiative within the AHS-DOE Collaborative, and overlaps both in scope of content and in membership with other formal structures including the Vermont Interagency Coordinating Council, the Essential Early Education Task Force, the Child Care Services Division Advisory Board, and the state agency *Success by Six* Planning Team and the local planning teams. Each member of the "ad hoc" group that created the Action Plan is engaged in several of these other efforts. In addition, the DOE is currently undergoing a major reorganization which will result in the creation of an Early Childhood Focus Team. Appropriate sections of the Action Plan have been incorporated into the 1992 Green Mountain Challenge, Vermont's annual report on its education goals, strategies and progress. (See Appendix 7 for a draft of the early childhood section.)

The "ad hoc" early education/child care work group has accomplished a great deal operating as a loosely organized voluntary group. The next stage of work requires the simultaneous operation of the committees and teams outlined in the action plan and the continuation of all the other related efforts. Simply put, implementing the action plan has to be someone's job. This can occur through formal commitment of staff time from both AHS and DOE making implementation a joint task or in other ways.

Options for structures: Examples from other states

While Vermont may have a more ambitious long term goal, other states are also attempting to bring child care and early education together into a more coherent and coordinated system. The structures employed by states to do this may be instructive for Vermont.

In 1988 the Iowa legislature established the Iowa Child Development Coordinating Council. Members of the Council are appointed by public agencies including the Departments of Education, Human Rights, Human Services and Public Health. The Council awards grants for programs for at-risk children, conducts a biennial inventory of child development services and makes recommendations to the legislature on child development services. The Council relates to local Early Childhood Advisory Committees which coordinate community planning and needs assessment for Head Start, child care and school-based programs.

Virginia's Council on Child Day Care and Early Childhood Programs was established

legislatively in 1989 and is charged with promoting quality programs for at-risk children, increasing affordability and access to programs statewide, and promoting public-private partnerships. The Council's members are appointed by the Governor to represent child care providers, Head Start, the business community and parents. The Council is administratively within the state Department of Health and Human Services and reports directly to the Governor. The Council received a Head Start State Collaboration Grant and is the designated lead agency for administering the federal CCDBG.

New York's Permanent Interagency Committee on Early Childhood Programs (PICECP) was established by the Governor in 1990 and is comprised of the Directors and Commissioners of the Department of Economic Development, Department of Social Services, State Education Department, Division of the Budget, Division for Women, Governor's Office of Employee Relations, and the Governor's Council on Children and Families. The PICECP is charged with identifying strategies to expand the supply of early childhood services, to coordinate these services and to ensure that they meet the needs of children and families. An Advisory Committee to the PICECP, appointed by the Governor, includes representatives of the full range of service providers, advocates and families. The PICECP and its Advisory Committee work through a set of subcommittees to increase collaboration among child care, Head Start and State Prekindergarten programs; integrate services for children with disabilities; streamline the child care start-up and regulatory processes; and promote a "seamless" system of funding for all child care programs. The Council on Children and Families provides staff support to the PICECP. The Council received a Head Start State Collaboration grant and seeks private funds to support the travel and other expenses of Advisory Committee members.

In Florida, coordination between the Departments of Public Instruction and Social and Rehabilitation Services (the child care agency) has been mandated by law since 1974. The Child Care Coordination Council created in that law was the basis of a state task force that also included advocates, child care providers and Head Start. This Task Force helped pass the Prekindergarten Early Intervention Program in 1986 which created both state and local level Prekindergarten Coordinating Councils. In 1989, the state legislature established the Florida State Coordinating Council of Early Childhood Services merging the two previously established state councils and local interagency councils which encompassed the existing local prekindergarten councils. The Council is charged with ensuring coordination among the agencies and programs serving at-risk and handicapped children birth to age five and high risk pregnant women and teens, and promoting high standards for all programs for young children. The State Council is linked to local councils in each of the state's 67 school districts (which are co-terminus with each county). Local councils are charged with coordinating all children's services in the county. Unfortunately, the Interagency Coordinating Council (Part H) was not merged into the state and local advisory councils. State Council members represent Head Start, child care, early education, special education, health, child welfare and advocates and are appointed by the Governor, the Secretary of SRS, the Superintendent of Public Instruction, the President of the Senate and the Speaker of the House. The Council is an independent, nonpartisan body whose activities are funded. Staffing for the Council alternates annually between the departments of SRS and Public Instruction.

State coordinating structures which are ongoing and formally established, have funding and staff, work through broadly representative subcommittees and have analogous local structures are generally believed to be accomplishing more significant improvements than any of the predecessor mechanisms that have been tried (e.g., Governor's Commissions on Child Care).

Options for Vermont

A number of possibilities either exist in Vermont law or could be created to realize the formal structure needed to move forward toward a unified child development and family support system. Drawing from the experience of other states, there are essentially three options for structures: in an interagency body (either new or expanded from existing ones), within the Governor's office, within a single agency but reporting to the Governor. Regardless of the administrative placement of the structure, all the options from other states have broadly representative councils including staff from two or more state agencies and a wide array of constituents, consumers and advocates.

There are pros and cons associated with each structural option. Operations that are attached to the Governor's office have the benefit of his or her power, attention and clout, but can disappear when the Governor leaves office. Unless agency heads are closely allied with the Governor and her/his agenda, they may pay less attention to a Council operating outside their realm of direct authority. Being within one agency may ensure the attention and interest of the agency's head which results in the budget and staff needed to act, but the single agency focus contradicts the essential concept of cooperation between agencies that underlies the whole enterprise. Conflicts can arise between the interests of the agency and the interests of the wider constituency of the Council. Interagency structures may benefit from the attention and interest of both agency heads and the resulting budget and staff, but such a structure will have to surmount the difficulties of operating under two (possibly quite different) administrative and supervisory systems.

The Act 266 Planning Committee recommended that a Commission on Young Children and Their Families be created to develop policies, assess outcomes and coordinate advisory groups on children's services and generally to carry forward the mandate of Act 266. A fairly similar Commission already exists in state law -- Governor's Committee on Children and Youth, enacted in 1967 -- and has the authority to do everything recommended by the Act 266 Planning Committee and everything in the EE/CC Action Plan including the authority to hire staff and receive federal and private funds. Reactivating the Governor's Committee on Children and Youth (and possibly appending Families to its title) would create an appropriate state coordinating structure.

The *Success by Six* state team is an example of an interagency structure. To function as the implementing structure for the Action Plan, it would need to be formalized and broadened to include consumers, providers and advocates at the state level. The various committees and subcommittees outlined in the Action Plan would operate under its authority. Some of the staff who currently serve on the team in addition to their regular responsibilities could be assigned to work on it as part of their jobs. Local planning teams already exist and could be modified. Similarly, the Vermont Interagency

Coordinating Council is an existing interagency structure which could be expanded to accomplish the tasks of the Action Plan. Its membership would need to be significantly broadened and its authority extended beyond federally mandated planning functions. Additional staff would be needed as well. Other interagency structures could be built on the foundation of a number of existing interagency bodies such as The Prevention Institute, the Field Management Team which facilitates communication between local education agencies and local human services district offices, or the Council on Children and Families (which distributes funds from the Children's Trust Fund among other duties).

In addition to the structural questions, there are currently a large number of advisory and planning councils whose responsibilities overlap significantly with each other and with the tasks in the Action Plan. The duplication of effort involved in serving on these various bodies is felt most acutely at the local level where certain individuals are called upon to serve on nearly all of the bodies. The membership overlap at the state level is somewhat less acute since different units of state agencies (and thus different staff people) relate to each body. Merging the membership of various advisory committees (e.g., Early Essential Education Task Force, Child Care Services Division Advisory Board, the Partnerships in Child Care Committee, and even the Interagency Coordinating Council) that now exist into one Council for Young Children and Families (or for Early Childhood Service) would relieve duplication and streamline the advisory process. Necessary constituencies that may be missing such as parents could be added. The enormity of the scope of work of such a Council could be handled through appropriate subcommittees for special circumstances such as the recent federal mandate to plan an early intervention system. Subcommittees could be created to carry out each of the tasks outlined in the Action Plan, for example, a subcommittee on resource integration, on common standards and on training.

To address the immediate need for funding and staff, the Work Group recommended that state apply for a Head Start-State Collaboration Grant from the federal Department of Health and Human Services. (The application has been submitted.) All of the tasks in the EE/CC Action Plan involve Head Start. Continued use of CCDBG funds to support the implementation of the Action Plan is also appropriate. Allocation of budget and staff resources from the Department of Education would also be appropriate, especially given the inclusion of many of the Action Plan tasks in the 1992 Green Mountain Challenge.

Wider discussion of the plan outlined in this report and the proposals for implementing it within the context of Act 266 should begin immediately. With this plan, Vermont is well on its way toward a unified system of early education and child care services and much more likely to achieve its goal of unified system of child development and family support services.

REFERENCES AND BIBLIOGRAPHY

Act 266 Planning Committee (1991). *Young Children and Their Families in Vermont: Preparing for Success in School. A report to the Secretary of Human Services and Commissioner of Education.* Waterbury, VT: Agency of Human Services.

Adams, Gina & Jodi R. Sandfort (1992). *State Investments in Child Care and Early Childhood Education.* Washington, DC: Children's Defense Fund.

Blank, Martin J. and Joan Lombardi (1992). *Towards Improved Services for Children and Families: Forging New Relationships Through Collaboration.* Washington, DC: Institute for Educational Leadership.

Boyer, Ernest L. (1991). *Ready to Learn: A Mandate for the Nation.* Princeton, NJ: Carnegie Foundation for the Advancement of Teaching.

Kagan, Sharon Lynn (1991). *United We Stand: Collaboration for Child care and early Education Services.* New York: Teachers College Press.

Keith, Helen (1990). *Child Care in Transition.* Waterbury, VT: Child Care Services Division, Department of Social and Rehabilitation Services, Agency of Human Services.

Keith, Helen (1985). *Toward an Ideal Child Care System in Vermont: A Child Care Planning Report to the Commissioner of the Department of Social and Rehabilitation Services.* Waterbury, VT: Department of Social and Rehabilitation Services, Agency of Human Services.

Melaville, Atelia I. with Martin J. Blank (1991). *What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services.* Washington, DC: Education and Human Services Consortium, Institute for Educational Leadership.

Mitchell, Anne, Michelle Seligson and Fern Marx (1989). *Between Promise and Practice: Early Childhood Programs and the Public Schools.* Westport, CT: Auburn House/Greenwood Press.

National Commission on Children (1991). *Beyond Rhetoric: A New American Agenda for Children and Families.* Washington, DC: Superintendent of Documents, US Government Printing Office.

National Task Force on School Readiness (1991). *Caring Communities: Supporting Young Children and Families.* Alexandria, VA: National Association of State Boards of Education.

Schorr, Lisbeth with Daniel Schorr (1988). *Within Our Reach: Breaking the Cycle of Disadvantage.* New York: Anchor Books/Doubleday

Vermont Children's Forum (1992). *1992 Children's Campaign Agenda: An Initiative for Children and Families.* Montpelier, VT: Author.

Vermont Department of Education (1992). *A Green Mountain Challenge.* Montpelier, VT: Author.

Vermont Interagency Coordinating Council (1990). *Model System for Early Intervention.* Montpelier, VT: Department of Education.

THE EARLY EDUCATION/CHILD CARE ACTION PLAN

WHAT	WHO	WHEN
Reconvene annually to assess progress toward accomplishing the actions set forth below. Re-order priorities and adjust timelines as appropriate.	Participants in the 1992 Early Education/Child Care Work Session and others	6/93 and annually thereafter

COMMON STANDARDS AND DEFINITIONS

Desired outcome. There will be a compatible system of early education and child care services -- including Head Start, child care (centers and family child care homes), all Department of Education early education (the Early Education Initiative, Essential Early Education and the Families, Infants and Toddlers Project) and Parent Child Centers -- which has, wherever appropriate, common standards for quality child development; respects the diversity and uniqueness of individual programs; and maintains options from which parents can choose. Early childhood practitioners, parents and the public will understand how this system fits together and value each of its parts.

Indicators of success
Standards 1. Community early childhood settings throughout the state will demonstrate enhanced capacity to integrate specialized services (for example, mental health, special education, health, parent education and specialized parent support) into their programs.

WHAT	WHO	WHEN
Identify model sites currently practicing integration	Commissioner of Education, Secretary of AHS, Head Start, PCCs, parents, CCR&Rs, training network and others	by 12/92
Organize training sessions at model sites	AHS, DOE, Training Network, Head Start, colleges & universities, others	ongoing
Make this concept more easily understood by writing brief paper	Kathy Andrews, Lee Lauber & Helen Keith	by 12/92

Promote integrated services concept via leaders	Secretary of AHS, Commissioner of Education, & Governor	ongoing
Use existing training network and other options (newsletters, conferences, workshops, etc.) to spread knowledge of the goals of integration and build commitment to the concept with providers, parents, school boards, superintendents, etc.	AHS, DOE, Training Network, Head Start, colleges & universities, and parents organizations	begin 1992 & ongoing

---

Standards 2. Compatible child development standards (regulations and practices) will exist in the areas of: personnel, program, service delivery and facility.

WHAT	WHO	WHEN
Consolidate and review work done to date	Helen Keith, Paul Fassler, Coley Baker, & Laurie Gossens (the Interagency Standards Committee)	12/92
Prepare timeline and report of analysis	Standards Committee (as above)	by 12/92
Share compatible standards concept with constituent groups and the media	Standards Committee	by 12/92
Set up four subcommittees to review standards for personnel, program, service delivery and facility. Ensure representation from higher education, child care providers, Head Start, PCCs, Licensing Div. staff, and parent-consumers.	Commissioner of Education and Secretary of Human Services with Standards Committee	12/92
Link the Program Standards Subcommittee with the Accreditation Work Group (see below under Training)		
Research, analyze and report recommendations	Standards Committee and four Subcommittees	by 6/93

Ensure public review and feedback, especially by constituency groups	Commissioner of Education & Secretary of Human Services with Standards Committee and Subcommittees	by 10/93
Issue final report and recommendations	Commissioner of Education & Secretary of Human Services	by 3/94
Adoption by State Board of Education, change in AHS and DOE Administrative Rules process, or propose legislation if necessary	Commissioner of Education & Secretary of Human Services	by 3/94
Compatible standards finalized		by 6/94

Standards 3. To reduce duplication and streamline access for families, there will be a common application form for child care, the Early Education Initiative, Head Start, and PCCs.

WHAT	WHO	WHEN
Collect and review existing intake and eligibility forms including those from local schools for commonalities and differences	Helen Keith and Department of Education staff	by 12/92
Link with related efforts between AHS and DOE to streamline data collection	Bill Apao (Systems Planner, AHS) and Russ Smith (Information Specialist, AHS)	by 12/92
Address confidentiality issues and link with existing Confidentiality Committee	Paul Fassler and Mike Duane with the Confidentiality Committee of the Field Management Team	by 12/92
Form a representative committee including parents to develop a common form covering generic information, income, review time periods, and verification	Head Start, PCCs, DOE Early Ed. Initiative and SRS/Child Care	by 12/92

Review and feedback from constituency groups and parents	AHS and DOE staff with Head Start and PCC representatives	by 5/93
Draft a common application form and fieldtest it		6 - 9/93
Finalize common application		by 12/93
Review the possibility of computerized networking of intake and eligibility	Department of Social Welfare and Dept. of Social and Rehab. Services with DOE staff	ongoing

---

Standards 4. By the year 2,000, one hundred percent of early education and child care programs will be accredited by national accrediting bodies.

WHAT	WHO	WHEN
Conduct public awareness/outreach campaign about accreditation to providers, schools, parents and public	SRS and DOE with Training Network and CCR&Rs	6/92 - 12/99
Determine reasonable annual benchmarks to reach the goal of 100% accreditation by 2000	AHS and DOE	by 1/93
Decide which accreditation systems are acceptable and explore including accreditation with the public school approval process	SRS, DOE, provider and school community, Head Start and PCCs associations	by 7/93
Provide incentives to accredited programs by creating monetary rewards from SRS and DOE	Depts. of SRS and DOE and federal DHHS (for Head Start)	by 7/93
Provide technical assistance to programs	Head Start, DOE, SRS, college & university programs, Vermont Assoc. for the Educ. of Young Children (VAEYC)	ongoing
Subsidize accreditation fees	VAEYC, SRS (via the CCDBG), DOE, business community, others	ongoing

COORDINATING AND INTEGRATING TRAINING

Desired outcome. Through the coordinated efforts of statewide and local training providers and planners, all individuals in the community will have access to the information, training and support needed to foster the development of young children.

Indicators of success.
Training 1. Local training providers will meet on an annual basis to develop a regional training plan for the coming year. The purpose of this annual meeting is to share resources, develop joint training ventures, and plan an annual training calendar.

WHAT	WHO	WHEN
Develop regional training plans and compile annual training calendar	Head Start, regional Child Care Training Network, Early Essential Education and Early Education Initiative in DOE, Parent Child Centers, Health Department, Child Protection Teams, Social Services staff (state and local), Part H Community Resource Parents, parent and child care provider representatives, librarians, Red Cross and other specialized health educators (e.g., Planned Parenthood of Northern New England, Vermont CARES [AIDS network], Visiting Nurses Assoc., Maternal and Child Health div., hospitals) and higher education	by 4/93 and annually thereafter

Training 2. Individuals, agencies and organizations involved with training on a statewide basis will meet on an annual basis to develop a statewide training plan for the coming year. The purpose of this annual meeting is to coordinate and integrate resources, organize training schedules, and respond to identified training needs not addressed on the regional/local level.

WHAT	WHO	WHEN
Develop a statewide training plan and calendar	DOE (all early education and early intervention), Vermont Information and Training Network, Parent to Parent, University of Vermont (Ctr. for Dev. Disabilities), Vermont College (Child Development Associate Program) and other higher education, the Child Care Services Division, Depts. of Health, Mental Health, Social Welfare, SRS, Labor & Industry, NE Regional Resource Center, state libraries, VAEYC and Vermont Education Association (VEA)	by 3/93 and annually thereafter

---

Training 3. A rolling calendar will be prepared and maintained which identifies all relevant training opportunities for individuals involved with young children and their families. The calendar will be made available in both electronic and "hard copy" formats and will be distributed to local and regional training networks for dissemination.

WHAT	WHO	WHEN
Develop rolling calendar	DOE Early Education Team and AHS/SRS Child Care Services Division	by 5/93 and annually thereafter

---

Training 4. There will be an annual gathering of teacher educators in higher education. The purpose is to establish a dialogue among early childhood teacher educators on a variety of subjects relating to teacher preparation and continuing education as they relate to young children and families.

WHAT	WHO	WHEN
Convene a meeting of all institutions of higher education involved in early education teacher preparation	DOE Early Education Team & AHS/SRS Child Care Services Division with the Vermont Council of Teacher Educators	by 3/93
Convene ongoing meetings with the Vermont Council of Teacher Educators		annually

INTEGRATED RESOURCES

Desired outcome. All Vermont families desiring child development services (i.e., health, education and human services) will have multiple points of contact/access to the system. The processes used to integrate resources will be invisible to families and easier to manage for community-based organizations and funders.

Appoint an interagency Resource Integration Team including representation from Head Start, DOE Early Ed [incl. EEE, EEI and FITP], SRS Child Care, PCCs, DSW & Health will be appointed to plan for a common application for families and for providers, a common fiscal and programmatic reporting system, and a common evaluation system for all child development and family support services.	Commissioner of Education and Secretary of Human Services	by 10/92
Link with Standards Committee to develop common application form for families	Resource Integration Team	by 10/92 and ongoing

For all early education and child care programs, examine existing forms for: provider applications fiscal reporting programmatic reporting evaluation	Resource Integration Team	by 12/92
Review commonalities & differences; identify necessary unique information needs across programs; determine least amount of information needed to meet accountability & program planning needs; and propose common format.	Resource Integration Team	by 7/93
Fieldtest new common formats across all early education and child care programs.	Resource Integration Team with AHS & DOE staff and the field	8/93 - 6/94
Finalize package of common formats.		by 7/94
Assess whether the "common system" facilitates access for families and reduces complexity for providers.	Resource Integration Team with staff of DOE & AHS	by 12/94
Based on the common evaluation system, create a total wellness index. Set targets and make annual reports of progress toward meeting them.	AHS & DOE	by 7/95 and annually thereafter
Based on the common fiscal and programmatic reporting system, create a profile of Vermont Services for Children and issue annual reports.	AHS & DOE	by 7/95 and annually thereafter

Vermont's Dept. of Social Welfare conducts an Electronic Benefits Transfer (EBT) Card Feasibility Study, in cooperation with the states of Maine and New Hampshire, combining eligibility determination and provider and client payment for WIC, Medicaid, Foodstamps & ANFC via an "ATM-like" card.	Vermont DSW (with Maine & New Hampshire)	from 9/92 - 4/93
Review results of the EBT Feasibility Study	DSW with Resource Integration Team and other DOE and AHS staff as appropriate	6/93
Based on the results of the Feasibility Study, consider extending the EBT system to other benefits, e.g., child care.	DSW with Resource Integration Team	by 9/93
Implement the EBT technology in a pilot area for 3-6 months and then phase in statewide.	DSW	begin 8/95
Based on the assessment of "common systems" for application, reporting, and evaluation and on the results of the DSW's EBT Implementation statewide, consider feasibility of expanding the "common system" to include all health, education and human services.	Secretary of AHS & Commissioner of DOE	by 1997
Explore the feasibility of universal debit cards for all families -- "The Green Mountain Card" -- for all health, education and human services.	AHS & DOE with others as appropriate	by 1998
If feasible, full implementation of the Green Mountain Card.		by 2000

Appendix 1

Participants in the June Work Session

Agency of Human Services
William Young, Commissioner of Social and Rehabilitative Services
Coleman Baker, Division of Licensing/SRS
Patricia Berry, Division of Local Health, Department of Health
Mike Duane, attorney/SRS
Betsy Forrest, Reach-Up/Supportive Services, Department of Social Welfare
Ted Mable, Planning Division
Alice Maynard, Children's Mental Health, Department of Mental Health and Mental Retardation

Child Care Services Division of SRS
Helen Keith, Director
Jan Kozaryn
Linnea Lachman
Carole Mink

Department of Education
Doug Walker, Director of Basic Education
Dennis Kane, Director of Special and Compensatory Education
Kathy Andrews, Early Childhood Special Education
Paul Fassler, attorney
Laurie Gossens, Early Childhood Special Education
Kim Keiser, Families, Infants and Toddlers Project, DOE/AHS
Pam Spinney, Families, Infants and Toddlers Project, DOE/AHS
Jim Squires, Early Education Initiative

Community Visionaries on Child Care and Early Education
Annette Babcock, Champlain Valley OEO Head Start
Angela Capone, Early Childhood Services, Center for Developmental Disabilities, University of Vermont
Megan Evans, Rutland County Parent Child Center and Director of Child Care Training; Vermont Parent Child Center Association
Lee Lauber, Early Childhood Programs, Vermont College
Marianne Miller, Central Vermont Community Action Head Start and Vermont Head Start Association
Cheryl Mitchell, Addison County Parent Child Center and Director of Child Care Training
Mark Sustic, Early Childhood Programs, Franklin County Supervisory Unions

Facilitators and Resource Persons
Anne Mitchell, national policy expert on child care and early education
Peter Perkins, facilitator, Vermont Primary Prevention Training Team
Peggy Sax, facilitator, Vermont Primary Prevention Training Team

Appendix 2

Interview Questions for Participants in the Early Childhood Services Planning/Action Session

Name: _____ Date: _____

Position: _____ Place: _____

The Early Childhood Services Planning/Action Session is set for June. I want to get your ideas about what our goals should be for the session and what you hope to get accomplished there.

1. What is the problem(s) that you hope can be solved by having this session?

Examples:

- integrating children within program settings (at-risk, with special needs/disabilities, other?)
- integrating funding sources (at state level and/or community program level? Federal?)
- integrating services at a program site (such as health, mental health, nutrition into education/care, others?)
- integrating program types or collaboration among programs to deliver an integrated program (Head Start, child care, special education, others?)
- reconciling different program regulations (should there be one set for everyone who runs any program for children 0-6?)
- coordinating and integrating staff training across all state programs
- planning for new services or expansions of current services

2. Should the target population be all children 0-6 and their families or some subgroup? Which? By ages or risk status or what criteria?

3. What is your personal vision of what services for young children and their families ought to look like in Vermont?

4. What do you think gets in the way of (or prevents) your vision from becoming reality?

5. What do you especially want the other people coming to the session to know about your program? Its greatest strength? Unique aspects? Problems?

6. In your view, what are the state and federal programs, laws and initiatives that we ought to be considering?

Vermont programs & laws	**Federal progs., laws & funds**
	Head Start
Child Care (state and federal)	Title IV-A At-risk Child Care
	Child Care & Dev. Block Grant
	Fam. Support Act/JOBS-TCC
Families, Infants & Toddlers Proj.	Part H of IDEA
Early Compensatory Ed	Chap. I of ESEA
Early Essential Education	Part B of IDEA
Vermont REACH UP	FSA/Supportive Svcs./JOBS
Parent Child Centers	
Early Ed Initiative	
Success by Six	
Act 266	

Would you add anything to this list? Take anything off it?

7. Is there anything else you want to tell me (or that I should know)?

Appendix 3

EARLY EDUCATION/CHILD CARE WORK SESSION FACT SHEETS

NAME OF PROGRAM:_____

Brief Description (purpose, service delivery models):

Funding source(s) and approximate annual budget (fy 92):

Population served (eligibility requirements, numbers of young children, families; numbers by age group estimates):

Geographical distribution of services you administer (if Head Start, PCC or Child Care Training I.D. towns in county; if EEI identify or bring list of agency locations and towns served):

Federal laws and regulations tied directly to services you administer:

State laws and regulations tied directly to services you administer:

Barriers in federal or state laws, regs, policies or practices that prevent or contradict the delivery of comprehensive, family centered, flexible services:

Families, how are parents involved:

Staff (what kinds of staff does your program or do your programs employ; what are the minimum qualifications; what would be an average annual salary for someone working 12 months a year?):

What is the nature of training offered by your program(s); who provides the training, when and where; how much money do you allocate to training; who attends training?:

What are the key service delivery issues for children, families and/or service providers?

What children and families are not getting your services, where and why? In your view, do they need your services or are they getting some services from someone else that could, if done differently, meet their needs?

Is quality a major issue for the services you fund? If so, please describe the key issues associated with quality:

OTHER KEY ISSUES:

<u>PLEASE BRING A COPY OF THE STATE AND FEDERAL LAWS, REGULATIONS AND POLICIES/PROCEDURES WITH YOU TO THIS WORK SESSION. THANKS.</u>

Appendix 4

Reading List for Work Session Participants

Act 266 Planning Committee (1991). *Young Children and Their Families in Vermont: Preparing for Success in School. A report to the Secretary of Human Services and Commissioner of Education.* Waterbury, VT: Agency of Human Services.

Boyer, Ernest L. (1991). *Ready to Learn: A Mandate for the Nation.* Princeton, NJ: Carnegie Foundation for the Advancement of Teaching.

Melaville, Atelia I. with Martin J. Blank (1991). *What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services.* Washington, DC: Education and Human Services Consortium, Institute for Educational Leadership.

National Task Force on School Readiness (1991). *Caring Communities: Supporting Young Children and Families.* Alexandria, VA: National Association of State Boards of Education.

Vermont Interagency Coordinating Council (1990). *Model System for Early Intervention.* Montpelier, VT: Department of Education.

Appendix 5

Definitions generated on first day of Work Session

CHILD CARE
service to support families (serves family needs)
friendship opportunities for kids
learning
nurturing
"a necessary thing"
more for (working) parent than child
care and more
caring: learning, social and emotional
"baby sitting" "child care" "education"
hard times with the term
respect for children and their abilities
communication to a child: you are loved now and you have a future that's important.
nurturing the healthy growth and development of children by people who are not child's parents.
not just a womens' issue
some people think: place where your kid gets abused

HEAD START
comprehensive family development program directed to low income at-risk kids
child development in family context: health, mental health, child care, parent care
has changed overtime to include family unit now
everybody thinks they know what it is
neighborhood, communities focus
no classrooms or sometimes perception is all classroom
federal program, hard to respond locally, hard to administer
culturally respectful: more local response
the "what" is mandated, the how is flexible

EARLY EDUCATION
transmittal of body of knowledge that some think others should have, service deliverer
series of strategies: who you are, what world is and how you fit.
(helping to produce) competent, caring, responsible people.
concept, public issue
help people discover innate abilities for thinking
opportunities to experience, learn, nurture, exploration, growth, development
something being "done to" kids
evaluation driven system
public school system

Appendix 6

The planning process used to create action plans

Step 1. Issue clarification

- o Clarify and crystalize the issue
  - simplify the language
  - use clear, precise, simple wording
  - narrow the focus
- o Where are you now? (current status of the issue)
  - simple declarative statements
  - resource and growth areas
- o Desired outcome
  - specific and focused statement
- o Bring "Desired Outcome" statements back to whole group

Step 2. Identify resources and barriers

- o Specific resources
  - human and material
- o Strategic people
  - identify allies and inhibitors
- o Any objections
  - imagine what they are and who would have them
  - describe
- o What's your issue got going for it?
- o Report back to whole group

Step 3. Indicators for success

- o Decide on indicators for success/benchmarks of progress
- o Specify steps needed to achieve
- o Attach time lines
- o Report back to whole group

Step 4. Final Report for Action Plan

- o Prioritize important steps on the time line
- o Assign responsibility
  - who does what by when
  - what else is needed - list
- o Polish your work
  - write final report - readable notes
  - organize your group's newsprint
- o Present to whole group